

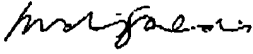
PTO/SB/21 (03-03)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	09/852,865
		Filing Date	5/10/01
		First Named Inventor	Hibben, et al.
		Group Art Unit	2684
		Examiner Name	John J. Lee
Total Number of Pages in this Submission	10	Attorney Docket Number	CM04756H


  

ENCLOSURES		(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter with appropriate copies
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> RCE
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CDs	
<input type="checkbox"/> Certified Copy of Priority Documents	Remarks	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Indira Saladi	Registration No.	45,759
Signature			
Date	November 8		

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 on the date listed below:	
Typed or printed name	Sheila Mannerino
Signature	
Date	November 8, 2004

FEE TRANSMITTAL		Complete if Known		
Patent fees are subject to annual revision		Application Number	09/852,865	
		Filing Date	5/10/01	
		First Named Inventor	Hiben, et al.	
		Examiner Name	John J. Lee	
		Group Art Unit	2684	
TOTAL AMOUNT OF PAYMENT		\$110.00	Docket Number	CM04756H

METHOD OF PAYMENT	FEE CALCULATION (continued)																																																																																																																																																																																																																																														
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:</p> <p>Deposit Account Number: <span style="border: 1px solid black; padding: 2px;">502117</span></p> <p>Deposit Account Name: <span style="border: 1px solid black; padding: 2px;">Motorola, Inc.</span></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee required under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>																																																																																																																																																																																																																																															
<p>2. <input type="checkbox"/> Payment Enclosed:</p> <p><input type="checkbox"/> Check    <input type="checkbox"/> Credit Card    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p>																																																																																																																																																																																																																																															
<p><b>FEE CALCULATION</b></p> <p><b>1. 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EXTRA CLAIM FEES</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Total Claims</th> <th style="text-align: left;">Previously Paid**</th> <th style="text-align: left;">Extra Claims</th> <th style="text-align: left;">Fee from below</th> <th style="text-align: center;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Independent Claims</td> <td style="border: 1px solid black; text-align: center;">20</td> <td style="border: 1px solid black; text-align: center;">3</td> <td style="border: 1px solid black; text-align: center;">18</td> <td style="border: 1px solid black; text-align: center;">54</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td style="border: 1px solid black; text-align: center;">280</td> <td style="border: 1px solid black; text-align: center;"></td> </tr> </tbody> </table> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Fee Code</th> <th style="text-align: left;">Entity Fee (\$)</th> <th style="text-align: left;">Small Fee Code</th> <th style="text-align: left;">Entity Fee (\$)</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: center;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td style="border: 1px solid black; width: 50px;"></td> </tr> <tr> <td>1201</td> <td>84</td> <td>2201</td> <td>42</td> <td>Independent claims in excess of 3</td> <td style="border: 1px solid black; width: 50px;"></td> </tr> <tr> <td>1203</td> <td>280</td> <td>2203</td> <td>140</td> <td>Multiple dependent claim, if not paid</td> <td style="border: 1px solid black; width: 50px;"></td> </tr> <tr> <td>1204</td> <td>84</td> <td>2204</td> <td>42</td> <td>* Reissue independent claims over original patent</td> <td style="border: 1px solid black; width: 50px;"></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>* Reissue claims in excess of 20 and over original patent</td> <td style="border: 1px solid black; width: 50px;"></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td style="border: 1px solid black; text-align: center;">\$0</td> </tr> </tbody> </table> <p>**OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE. *For Reissues, see above.</p>	Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	1001	750	2001	375	Utility filing fee		1002	330	2002	165	Design filing fee		1003	520	2003	260	Plant filing fee		1004	750	2004	375	Reissue filing fee		1005	160	2005	80	Provisional filing fee		<b>SUBTOTAL (1)</b>					\$0	Total Claims	Previously Paid**	Extra Claims	Fee from below	Fee Paid	Independent Claims	20	3	18	54	Multiple Dependent			280		Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	1202	18	2202	9	Claims in excess of 20		1201	84	2201	42	Independent claims in excess of 3		1203	280	2203	140	Multiple dependent claim, if not paid		1204	84	2204	42	* Reissue independent claims over original patent		1205	18	2205	9	* Reissue claims in excess of 20 and over original patent		<b>SUBTOTAL (2)</b>					\$0	<p><b>3. 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SCHAUMBURG, ILLINOIS 60196 U.S.A.

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANT: Hiben, et al.  
US SERIAL NO.: 09/852,865  
FILED: 5/10/01  
TITLED: CONTROL CHANNEL TO ENABLE A LOW POWER MODE IN A WIDEBAND WIRELESS COMMUNICATION SYSTEM

GROUP ART UNIT: 2684  
DOCKET NO.: CM04756H

TRANSMITTAL COVER SHEET &  
CERTIFICATE OF FACSIMILE TRANSMISSION

**PLEASE DELIVER TO EXAMINER JOHN J. LEE**

COMMISSIONER OF PATENTS AND TRADEMARKS  
ALEXANDRIA, VA

VIA FAX NUMBER 703-308-9051

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SHEILA MANNERINO11.08.04  
November 8, 2004

NUMBER OF SHEETS (INCLUDING THIS SHEET): 11

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